



618 Court Street 1915 N. County Dr.
Jacksonville, NC Castle Hayne, NC
Phone: (910) 989-2273
Fax: (910) 809-4996

Caring For Life Student Application

Name _____

Address _____

City St Zip _____

Phone _____ Email _____

Interested Class _____ Class Start Date _____

Required documentation needed for enrollment*: HS transcript, GED transcript, HS equiv., or college transcript.

*must show proof of graduation

Any written class materials and practice exams are property of *Caring For Life, INC* and are not allowed to be copied or taken from the premises. *Caring For Life, INC* is not responsible for lost, stolen or damaged property.

***This is an application of interest only. It does not guarantee course registration. Course registration is completed when non-refundable enrollment fee is paid. Please check course availability prior to paying course fees.*

I certify that the information in this application is correct and accurate to the best of my knowledge.

Applicant Signature _____ Date _____

Do we have your permission to use your picture and testimonial statement on our website?

_____ Initials

Office Use Only:

Payment \$	Type	Date
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